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APPLICANTS

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** CONTINUING DATA *****

(None) SCB

** FOREIGN APPLICATIONS *****

(None) SCB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/01/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NC	10	29	3

Allowance
Shay Shalmon SCB
 Examiner's Signature Initials

ADDRESS

22242

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120 SOUTH LA SALLE STREET

SUITE 1600

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60603-3406

TITLE

Portable chair

FILING FEE

RECEIVED

FEES: Authority has been given in Paper
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 No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
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<input type="checkbox"/> 1.18 Fees (Issue)